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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **31213**

1. OWNER **JAMES MCCAW** ADDRESS AT WELL LOCATION **480 W CALVADA**  
 MAILING ADDRESS **480 W CALVADA BLVD**  
**PAHRUMP, NV**

2. LOCATION **SW** 1/4 **NE** 1/4 Sec. **28** T **20S** N/S R **53E** E **BYE** County  
 PERMIT NO. **39-073-20** **CALVADA VALLEY UNIT 8B**  
 Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_  
 4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock  
 5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
CLAY		0	22	22
CALICHE		22	40	18
CLAY		40	65	25
CALICHE	WB	65	76	11
CLAY		76	105	29
CALICHE	WB	105	115	10
CLAY		115	145	30
CALICHE	WB	145	158	13
CLAY		158	175	17
CALICHE	WB	175	193	18
CLAY		193	200	7

WGS84  
 N 36 DEGREES 11.068  
 W 116 DEGREES 01.367

**DCNR/DWR  
 RECEIVED  
 AUG 10 2007  
 LAS VEGAS OFFICE**

8. WELL CONSTRUCTION  
 Depth Drilled **200** Feet Depth Cased **200** Feet  
 HOLE DIAMETER (BIT SIZE)  
 From **10** Inches To **0** Feet  
 From **200** Feet To \_\_\_\_\_ Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ Feet  
 From \_\_\_\_\_ Inches To \_\_\_\_\_ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<b>6</b>	<b>3.63</b>	<b>.250</b>	<b>0</b>	<b>200</b>

Perforations:  
 Type perforation **SAW CUT**  
 Size perforation **1/8 X 3**  
 From **100** feet to **120** feet  
 From **140** feet to **160** feet  
 From **180** feet to **200** feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal **50**  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout  
 Gravel Packed:  Yes  No  
 From **50** feet to **200** feet

9. WATER LEVEL  
 Static water level **62** feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started **8/6/2007**, 19  
 Date completed **8/6/2007**, 19

7. WELL TEST DATA

TEST METHOD:	Draw Down (Feet Below Static)		
	G.P.M.	Time (Hours)	
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name **GREAT BASIN DRILLING CO. OF NEVADA, INC.** Contractor  
 Address **1220 E MANSE RD** Contractor  
**PAHRUMP, NV. 89048**  
 Nevada contractor's license number issued by the State Contractor's Board **47333**  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1426**  
 Signed *[Signature]*  
 By driller performing actual drilling on-site or contractor  
 Date **8/7/2007**